



# APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

**INSTRUCTIONS:** See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

| FOR AGENCY USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        | FOR RECORDS MANAGEMENT USE                                                                                                  |                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Application Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1. Agency Address</b><br>Georgia Department of Education<br>Regional Education Services Division<br>State Office Building<br>Atlanta, Georgia 30334 | Application Number<br><b>81-288</b>                                                                                         |                                     |
| Application Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                        | Date Received<br><b>APR 22 1981</b>                                                                                         | Date Completed<br><b>MAY 1 1981</b> |
| <b>2. Person to Contact</b><br>Walker L. Baumgardner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        | <b>Working Title</b><br>Records Management Officer Department of Education                                                  | <b>Telephone Number</b><br>656-2435 |
| <b>3. Action Requested</b><br>a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.<br>b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.<br>c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                        |                                                                                                                             |                                     |
| <b>4. Dates of Series</b><br>Earliest: 1974      Latest: Present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                        | <b>5. Records Series Title</b> (followed by title used in office; if different)<br><br>TEACHER AIDE TRAINING FILE           |                                     |
| <b>6. Division and Office Function</b> What is the function of the Division and the Office in which this record series is created?<br><br>Sixteen (16) CESAs operate State-wide under the Adequate Program for Education Act in Georgia (Georgia Code 32-628a): Each CESA, covering multiple counties, is responsible for providing coordination and consultative services to local school systems in curriculum development, special education, pupil personnel, staff development, and career and vocational education; also, each CESA provides technical assistance of shared educational services and personnel among local school systems to improve effectiveness of educational services, benefits and opportunities to students and to improve effectiveness of educational programs of member systems. |                                                                                                                                                        |                                                                                                                             |                                     |
| <b>7. Record Series Description</b><br><br>Documents relating to:      Licensing of Teacher Aides<br><br>Included are:      End of Year Report<br>Attendance Records<br>Needs Assessments<br>Teacher Aide Program<br><br><br>File is arranged:      Alphabetically by name of teacher                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                        | <b>This file contains the following documents (include form numbers and titles, if any):</b><br>Attach samples of the file. |                                     |
| <b>8. Monthly Reference Rate</b> How often are records referred to which are:<br>One to six months old <u>Daily</u> ; Seven to twelve months old <u>Daily</u> ; Thirteen to twenty-four months old <u>Monthly</u> ;<br>twenty-five months and older <u>Yearly</u> .? File is active <u>3 years</u> ; inactive <u>2 years</u> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                        |                                                                                                                             |                                     |
| <b>9. Annual Rate of Accumulation of Records</b> Based on annual accumulation of 300 teacher aides.<br>Letter-size drawers <u>2</u> ; Legal-size drawers _____ ; Shelves _____ ; Other (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                        |                                                                                                                             |                                     |



| YES | NO | 10. Questionnaire (Place an "X" in the proper column)                                                                                                                                                                           |
|-----|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X   |    | a. Is this the official copy of the series?<br>If not, where is it?                                                                                                                                                             |
| X   |    | b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.                                                                                                                |
|     | X  | c. Is this a vital record?                                                                                                                                                                                                      |
|     | X  | d. Does this series have historical or long term research value?                                                                                                                                                                |
|     | X  | e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?                                                                            |
|     | X  | f. Is the information contained in this series ever published? If yes, attach copy.                                                                                                                                             |
| X   |    | g. Is the information contained in this series ever analyzed and/or recorded in a summarized report?<br>If yes, attach copy. Successful completion of 50 hrs. of training results in an issuance of state teacher aide license. |
|     | x  | h. Is there a duplication of this series in your office, or in another office or agency?<br>If yes, where?                                                                                                                      |
|     | X  | i. Is this series (or a major portion of it) regularly microfilmed?                                                                                                                                                             |
| X   |    | j. Does the record series result in a computer printout?                                                                                                                                                                        |

#### 11. Retention Requirements

The following requires the series to be kept:

|                          |              |                                   |                |
|--------------------------|--------------|-----------------------------------|----------------|
| a. State Law             | _____ years. | d. Audit period                   | 3 _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | 5 _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years.   |

Attach copy or excerpt of laws or regulations. Explain administrative need.

Qualified files retained two additional years to confirm issuance of teacher aide license.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☒ Hold in the current files area \_\_\_\_\_ month(s) 3 \_\_\_\_\_ year(s); then
- ☒ Transfer to local holding area; hold 2 \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☒ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

Coordination: \_\_\_\_\_

*M E Aiken Jr.*

M. E. Aiken, Jr.

Director, Regional Education Services Division

These instructions apply to all prior and future accumulations of the series.

| Agency Head/Designee (Signature)                                                                 | Date    | Records Management Officer (Signature) | Date    |
|--------------------------------------------------------------------------------------------------|---------|----------------------------------------|---------|
| <i>David A. Laristy</i>                                                                          | 4/21/81 | <i>John F. Dunn</i>                    | 4-21-81 |
| Recommendations in paragraph 12 are approved.<br>(If disapproved, attach letter of explanation.) |         | State Records Committee (Signature)    | Date    |
|                                                                                                  |         | State Auditor/Designee                 | 5-1-81  |
|                                                                                                  |         | Secretary of State/Designee            | 4-28-81 |
|                                                                                                  |         | Attorney General/Designee              | 4-30-81 |